DLD Office Use Only:	UT LICEN	ISE#		UT	ID#	
\$15 LERN ORG LERN	FULL					
DPC DL CDL ID IDD	LEGAL NAME		Last	First	Middle	Suffix
LTID LTDL LTCDL	DATE OF BIR			Social Security # or I	TIN·	
	27112 01 2111		nm/dd/yyyy			iver License or ID Card)
Class: A B C D	UTAH RESIDI					
Endorsement: H N X Z P S T M	ADDRESS:	Nun	nber/Street/Apartm	ent	City	Zip Code
Visual Acuity: Passed Failed Eye Statement	MAILING ADDRESS:					
Restrictions: A B K L G V		РО	Box/Number/Stree	t/Apartment	City	Zip Code
J:	HEIGHT:	FT.	IN.	WEIGHT:		
Motorcycle Restrictions: O 2 3	HAIR COLOR	:	EYE C	OLOR:	GENDER: Male	/ Female
Testing: Written Road Refugee/Asylee	Applicant's Pla Of Birth:			Mother's M Name:		
Station: Employee #: Initials:			State/ Country		Last	First
Name Change From:					IRE TO TRUTHFULLY LEGE OR IDENTIFICA	
	○YES	○NO	Are you a U.S. (1: II C
To:		L,	○YES ○NO	National?	permanent resident a	nen or a U.S.
ID #1:	介	_	○YES ○NO		en of another countr ful presence in the U	
ID #2:	()YES	∩NO	I would like to r		be an organ, eye, an	
Legal Presence:		0	(lifesaving anato	omical gift.)	be an organ, eye, an	d tissue donor
BC Name:	_	○NO ○NO		Military Veteran?	information with the	e Utah Division of
	0125	0110	Veterans affairs	for the purpose of i	dentifying veterans a	
DOB:/ File Date:/	()YES	○NO	veteran benefit i If you have beer		ged from the U.S. Mi	ilitary, would you
State File #:	()YES	∩NO			on your driver licens offender with the St	
Iss. Agency:		0	other state, or w	ith the U.S. Govern	ment?	•
SSN: Date:/	○YES	○NO		gistered to vote whe oday? (U.S. Citizen	ere you live now, wo us Only)	uld you like to
	○YES	○NO	Do you now hav	e, or have you ever	been issued, a driver	
SSV: Yes / Override Date://			another state, co	_Exp. Date	If yes, list states/cou	xp. Date
Address Verified: Y / N	○YES	○NO	If you are a CDI last 10 years? If		een licensed in anoth	ner state within the
SAVE: 1 st 3 rd	0	0	#	_Exp. Date	#E	xp. Date
	○YES	○NO			g privilege been susp yes, State: #	
Final:Approved/Exp.: Denied	()YES	○NO	Why	l to carry a madical	certificate (DOT Ca	rd?) If yes, are you
Employee #: Date:/	O		in compliance?	Cert	ificate expires:	
CDLIS: CSR CDR	○YES	○NO	Do you wish to fund?	contribute a \$2.00 d	onation to the "Frien	ds for Sight"
SI: SI: SI:	○YES	○NO	•		educate people about	organ, eye and
JI. JI.	○YES	○NO			onation to the "Mob	ility Assistance
UA: CSR:	()YES	∩NO	Fund?" Do you claim to be disabled under the Americans with Disabilities Act?			
Match No Match Pending	_	○NO	Do you claim to		applying for an ID o	
Eligible Not Eligible Error Lic			purposes?			
PDPS: SB:		of the p			lother Guardian	
License Surrender: YES NO	ID Card Original		License Fee \$ Reinstate Fee \$	Cash		
CDL: YES NO 10 Year History: Received Completed	Provisional \$15 Learner Po	armit	Admin Fee \$ ID Fee \$	Check		
ISS:EXP:	Renewal 65	5	Charity Fee(s) \$ _	Debit		
State: Endorsement:	Lapsed 65 Duplicate		Other \$			
	Upgrade Pro Downgrade	ev Lic	Total \$ Transaction #			
License #:	Retest Fee		Emp. Initials			DI D64 mg 1 mgy 6 12

UT LICENSE #

UT ID#

DOB:

Diabetes (high blood sugar, sugar diabetes you control with diet, medication or insulin) or \bigcirc YES \bigcirc NO **Diabetes** hypoglycemia or other metabolic condition etc., which may interfere with driving safety? Cardiovascular Heart condition, with or without symptoms (heart attack, heart surgery, irregular rhythm, general \bigcirc NO heart disease) within the last five years; or hypertension (high blood pressure) unable to be controlled with medication? **YES** \bigcirc NO **Pulmonary** Pulmonary (lung) condition (asthma, emphysema, passing out from coughing, etc.) shortness of \mathbf{C} breath which has required treatment? ○YES ○NO Is an inhaler the only medication prescribed for this condition? Are you required to use supplemental oxygen while driving? \bigcirc YES \bigcirc NO ○YES \bigcirc NO D Neurologic Neurological condition (stroke, head injury, cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson's disease, etc.) which may interfere with driving safety? **YES** \bigcirc NO \mathbf{E} **Epilepsy** Seizures or other episodic conditions which include any recurrent loss of consciousness or control? Commercial: Anytime during your life. ○YES ○NO <u>O</u>YES \bigcirc NO Learning and Learning and memory difficulties y j kej 'o c{ 'kpygthgtg'y ksj 'f tkxkpi 'uchgv{? Memory \bigcirc YES \bigcirc NO **Psychiatric** Psychological condition (severe anxiety, severe depression, severe behavioral mood conditions, schizophrenia, etc.) or other conditions for which hospitalization has occurred or been recommended by a physician or other mental health professional? \bigcirc YES \bigcirc NO Alcohol and Excessive use of alcohol and/or prescription drugs, or use of any illegal drugs; or treatment or Drugs recommendation for treatment of alcohol use or chemical dependency? ○YES \bigcirc NO Vision Do you wear glasses or contact lenses for driving? ○YES \bigcirc NO Is your visual acuity worse than 20/40 in the better eye, even with corrective lenses? \bigcirc NO **○YES** Do you have degenerative or progressive eye condition? Have you experienced a decrease in peripheral (side) vision? \bigcirc YES \bigcirc NO YES \bigcirc NO Musculoskeletal Loss or paralysis of all or part of an extremity; or onset of a general debilitating illness requiring Chronic treatment? **Debilities** New or changed in the past 5 years? \bigcirc YES \bigcirc NO ○YES ○NO Present longer than 5 years? **○YES** Alertness or Do you have a condition that produces abnormal sleepiness (sleep apnea, narcolepsy, etc.?) \bigcirc NO **Sleep Disorders YES** *Only if you are a Commercial driver+- no hearing requirements have been established for Regular \bigcirc NO Hearing **Impairment** Operator license.

Answering yes to any of the above questions may result in your receiving a request for additional follow-up information.

Please explain:

Have you experienced any sudden vertigo or infection of the inner ear (vestibular neuronitis or

Other health problems or use of medications which might interfere with driving ability or safety?

labryinthitis) 'y j kej 'o ki j v'kpvgthgtg''y kij 'f tkxkpi 'cdkrkv('cpf 'uchgv(A

STOP

○YES

○YES

 \bigcirc NO

 \bigcirc NO

NAME:

PLEASE STOP AND TAKE THE COMPLETED FORM TO AN EXAMINER

Balance (ENT

Problems)

Other